Communicable Disease Report

Hawai'i Department of Health
Communicable Disease Division

January/February 1998

Enhanced Influenza Surveillance

The Department of Health (DOH) is enhancing statewide influenza surveillance, including H5N1 strains, because of increased interest in influenza. The collection and characterization of influenza isolates are important in our efforts to detect the importation of new human influenza strains into Hawai`i. Enhanced influenza surveillance activities include support for obtaining viral cultures from patients meeting specific criteria, both for in-patient and out-patient settings, as outlined below.

Hospital-based surveillance

All hospitals in the State are requested to evaluate the following patients for possible influenza infection:

- those hospitalized with unexplained pneumonia or ARDS, and
- fever >100 °F (37.8° C), and
- a history of travel from Asia within 10 days from onset of symptoms.

Out-patient surveillance

Hawai`i physicians are also requested to obtain specimens for viral culture early in the course of illness from patients who have:

- an influenza-like illness which meets the following case definition:
  a. fever > 100° F (37.8° C), and
  b. a cough or sore throat, and
- a history of travel to or from Asia within 10 days from onset of symptoms.

The DOH State Laboratories Division will conduct viral isolation and identification studies, including typing, on samples from patients meeting the above criteria.

At the current time, the available data suggest that the risk of influenza A(H5N1) being introduced into Hawai`i is very remote. **Preliminary findings from the on-going investigation in Hong Kong indicate that the H5N1 virus is not being efficiently transmitted among humans although the possibility of person-to-person transmission has not been ruled out.[1]**

The situation in Hong Kong is still evolving. The peak influenza season for the southern hemisphere is in the months of May through August. The DOH will monitor developments in the region and adjust the influenza surveillance activities accordingly.

For more information about influenza surveillance, please call the Epidemiology Branch in Honolulu at (808) 586-4586. Updates on influenza activity in Hong Kong, the United States, and other international influenza surveillance data are available through the Centers for Disease Control and Prevention's Influenza Branch web site (http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm), and the WHO webpage (www.who.ch).

REFERENCE.

[1] Centers for Disease Control and Prevention. Update: Isolation of Avian Influenza A(H5N1). Viruses from Humans - Hong Kong, 1997-1998. *MMWR* 1998;46(Nos. 52 & 53):1-3.

Submitted by Michele N. Nakata, Epidemiological Specialist, Epidemiology Branch, Communicable Disease Division, and Glenn Kobayashi, Chief, Medical Microbiology Branch, Laboratories Division.

Immunization of Health-Care Workers

The following is a summary of the recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), published in the December 26, 1997 issue of MMWR, Recommendations and Reports.

Because of their contact with patients or infectious material from patients, many health-care workers [HCWs] are at risk for exposure to and possible transmission of vaccine preventable diseases. Physicians, nurses, emergency medical personnel, dental professionals and stu-

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Immunization of Workers

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dents, medical and nursing students, laboratory technicians, hospital volunteers and administrative staff are among those who may be considered at risk. Consistent immunization programs can substantially reduce both the number of susceptible HCWs in hospitals and health departments and the attendant risks for transmission of vaccine preventable diseases to other workers and patients. These recommendations also apply to HCWs in private physicians' offices, nursing homes, schools, laboratories, and to first responders: Any medical facility or health department that provides direct patient care is encouraged to formulate a comprehensive immunization policy for all HCWs.

The ACIP/HICPAC strongly recommends active immunization of HCWs against the following diseases:

1) Hepatitis B

- Vaccinate any HCW who performs tasks involving contact with blood, blood-containing body fluids, other body fluids or sharps.
- Complete vaccination of medical, nursing, dentistry, laboratory technology students and other health professionals **prior** to contact with blood.
- Prevaccination serological screening is not indicated, unless considered cost-effective.
- HCWs at ongoing risk for contact with blood or body fluids should have post-vaccination testing for antibody to hepatitis B surface antigen (anti-HBs). Persons who do not respond to the primary vaccine series should complete a second three-dose vaccine series and be retested.
- Booster doses of hepatitis B vaccine are not considered necessary.
- Periodic serological testing to monitor antibody concentrations is not recommended.

2) Influenza

The following HCWs should be vaccinated in the fall of each year:

- Persons who attend patients at high risk for complications of influenza.
- Persons 65 years of age or older.
- Persons with certain chronic medical conditions.
- Pregnant women who will be in the second or third trimester of pregnancy during influenza season.

3) Measles, Mumps, and Rubella

- Persons born in 1957 or later can be considered immune to measles, mumps or rubella only if they have documentation of:
  a) physician-diagnosed measles or mumps disease;
  b) laboratory evidence of measles, mumps or rubella immunity; or
  c) appropriate vaccination against measles, mumps and rubella.
- Although birth prior to 1957 is generally considered acceptable evidence of measles and rubella immunity, health care facilities should consider recommending a dose of MMR vaccine to unvaccinated workers born before 1957 who:
  a) do not have a history of measles disease or laboratory evidence of measles immunity;
  b) lack laboratory evidence of rubella immunity.
- Serological screening is not needed prior to vaccination unless considered cost-effective.
- MMR trivalent vaccine is the vaccine of choice. MMR should not be administered to women known to be pregnant.
- Measles vaccine is not recommended for HIV-infected persons with evidence of severe immunosuppression.

4) Varicella

- All HCWs should ensure that they are immune to varicella. A reliable history of chickenpox is a valid measure of immunity to varicella zoster virus.
- Varicella vaccine protects approximately 70 - 90% of recipients against infection and 95% of recipients against severe disease for at least 7 - 10 years.
- Serological screening is not needed prior to vaccination unless considered cost-effective.
- Routine post-vaccination serological screening is not recommended.

Medical facilities should maintain complete immunization records for all HCWs, and have written policies for catch-up vaccination of HCWs and work restrictions for susceptible employees who are exposed to vaccine preventable diseases.

For further details of the ACIP/HICPAC Recommendations for the Immunization of Health-Care Workers, including immunizations that may be considered for HCWs in certain circumstances, and immunizations recommended for all adults, please refer to the MMWR, Recommendations and Reports, December 26, 1997, volume 46, No. RR-18, or call the Hawai`i Immunization Program at (808) 586-8300 in Honolulu.

Submitted by Marcia Nagao, M.D., M.P.H., Infant Immunization Project Coordinator, Hawai`i Immunization Program, Epidemiology Branch.

Communicable Disease Report

Communicable Disease Division	586-4580
Epidemiology Branch	586-4586
Tuberculosis/Hansen's Disease Control Branch	832-5731
Hansen's Disease Institutions Branch	586-4580
STD/AIDS Prevention Branch	733-9010
STD Reporting	733-9289
AIDS Reporting	733-9010
Information & Disease Reporting	586-4586
After-hours Emergency Reporting	247-2191 (State Operator)
After-hours Neighbor Island Emergency Reporting	800-479-8092

The Health State
HAWAI`I STATE DEPARTMENT OF HEALTH

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Vaccine Safety and Risk Communication

A National Immunization Program and Public Health Training Network Satellite Broadcast

Thurs, Feb 26, 1998 7:00 - 9:00 a.m.

Course Location:

Department of Health, State Lab Auditorium • 2725 Waimano Home Road • Pearl City, HI

Adverse events from vaccination were once almost invisible compared to severe disease and its tragic complications. As Immunization rates increase, and vaccine-preventable diseases become less common, adverse events become more noticeable. Parents and adult patients increasingly question the safety of recommended vaccines. In order to prepare health professionals for their questions, the National Immunization Program, in cooperation with its partners in the Public Health Training Network, will present this live, interactive satellite broadcast.

Objectives: At the end of this course, participants should be able to:

- Describe an effective strategy for screening vaccine contraindications and precautions;
- Describe the purpose and operation of the Vaccine Adverse Event Reporting System (VAERS);
- List the requirements for use of Vaccine Information Statements;
- Summarize the National Vaccine Injury Compensation Program; and
- List 4 risk communication principles.

Target Audience: Physicians, nurses, physician assistants, nurse practitioners, pharmacists, medical students, and others who provide immunizations and counsel patients about immunization.

Parking: Free parking is available in the front of the building.

Faculty: ***William Atkinson, MD,*** and ***Sharon G. Humiston, MD, MPH,*** Epidemiologists, National Immunization Program, Centers for Disease Control and Prevention.

Registration: Registration is on-site. Please arrive 15 minutes early to register. There is no cost for this course.

Continuing Education Credit: Continuing education credit will be offered for a variety of professions, based on 2 hours of instruction.

Resource Materials: Course materials will be available for no cost.

Questions? Call Judy Strait-Jones, Hawai`i Immunization Program, (808) 586-8321. Email: jsj@hgea.org.

FDA Approves New Human Rabies Vaccine

In October 1997, the Food and Drug Administration licensed a new rabies vaccine for both pre-exposure and postexposure prophylactic use in humans.[1] The vaccine is a purified chick embryo cell culture (PCEC) vaccine (RabAvert™), and is manufactured by Chiron Behring GmbH and Company. Although derived from chick embryo cells, antibodies to chick cell proteins were not detected in recipients of the vaccines. Prior to introduction of the PCEC vaccine, two other products were licensed for use as rabies vaccines in the United States: human diploid cell vaccine (HDCV) and rabies vaccine adsorbed (RVA).

The PCEC vaccine has been shown to be safe and immunogenic when the current Advisory Committee on Immunization Practices guidelines are followed. Recommended regimens are identical to the two other vaccines: pre-exposure vaccination for persons not previously vaccinated consists of three 1.0 ml doses intramuscularly in the deltoid region for adults and in the anterolateral zone of the thigh for young children on days 0, 7 and 21 or 28 (day 0 indicates the start of vaccination); postexposure vaccination with PCEC in persons not previously vaccinated consists of five 1.0 ml doses delivered intramuscularly in the same regions as for pre-exposure vaccination on days 0, 3, 7, 14, and 28, plus one dose of human rabies immune globulin (HRIG) at 20 IU per kg of body weight on day 0. As much as possible of the full dose of HRIG should be thoroughly infiltrated into and around the wound(s). Any remaining volume should be administered intramuscularly at a site distant from the vaccine inoculation. Postexposure prophylaxis for persons previously vaccinated consists of two 1.0 ml doses delivered intramuscularly on days 0 and 3. HRIG should not be administered to previously vaccinated persons. Unlike the HDCV vaccine, PCEC is not approved for intradermal administration.

No preservative is contained in the lyophilized vaccine, and the vaccine should be used immediately after reconstituted. As with the other available products (HDCV and RVA), local reactions such as swelling, induration and reddening have been associated with administration of PCEC. Systemic allergic reactions are possible and have been reported.

The vaccine may be ordered from the manufacturer at 1-800-244-7668.

REFERENCE:

[1] Centers for Disease Control and Prevention. Availability of New Rabies Vaccine for Human Use. *MMWR* 1998; 47(1)12,19.

Submitted by David M. Sasaki, D.V.M., M.P.H., Veterinary Medical Officer, Epidemiology Branch.

1997 Surveillance Summary

The following are the 1997 state and county communicable disease totals by date of report and incidence rates (cases/100,000 population). The diseases listed correspond to those in the Communicable Disease Surveillance graph that appears on page 5. Incidence rates are in bold print. Changes in state case totals from 1996 are also listed.

1997 Cases and Incidence Rates by State and County

Disease	State	Change	Rate	Honolulu	Rate	Hawaii	Rate	Maui	Rate	Kauai	Rate
AIDS	99	-94	**8.4**	79	**9.1**	7	**5.1**	12	**10.2**	1	**1.8**
Campylobacteriosis	854	-22	**72.1**	645	**74.0**	68	**49.1**	107	**91.4**	34	**60.2**
Giardiasis	161	-64	**13.6**	118	**13.5**	12	**8.7**	19	**16.2**	12	**21.3**
Gonorrhea	506	7	**42.7**	480	**55.1**	9	**6.5**	16	**13.7**	1	**1.8**
Hepatitis A	143	33	**12.1**	109	**12.5**	17	**12.3**	6	**5.1**	11	**19.5**
Salmonellosis	414	-9	**35.0**	289	**33.2**	68	**49.1**	37	**31.6**	20	**35.4**
Tuberculosis	171	-29	**14.4**	133	**15.3**	12	**8.7**	18	**15.4**	8	**14.2**
Hansen's Disease	26	11	**2.2**	17	**2.0**	9	**6.5**	0	**0**	0	**0**
Acute Hepatitis B	11	-1	**0.9**	8	**5.8**	2	**1.4**	1	**0.9**	0	**0**
Leptospirosis	41	3	**3.5**	11	**1.3**	16	**11.6**	1	**0.9**	13	**23.0**
Measles	6	-31	**0.5**	4	**0.5**	0	**0**	2	**1.7**	0	**0**
Pertussis	14	-17	**1.2**	8	**0.9**	1	**0.7**	3	**2.6**	2	**3.5**
Rubella	9	6	**0.8**	9	**1.0**	0	**0**	0	**0**	0	**0**
Syphilis, Primary and Secondary	1	-3	**0.1**	1	**0.1**	0	**0**	0	**0**	0	**0**

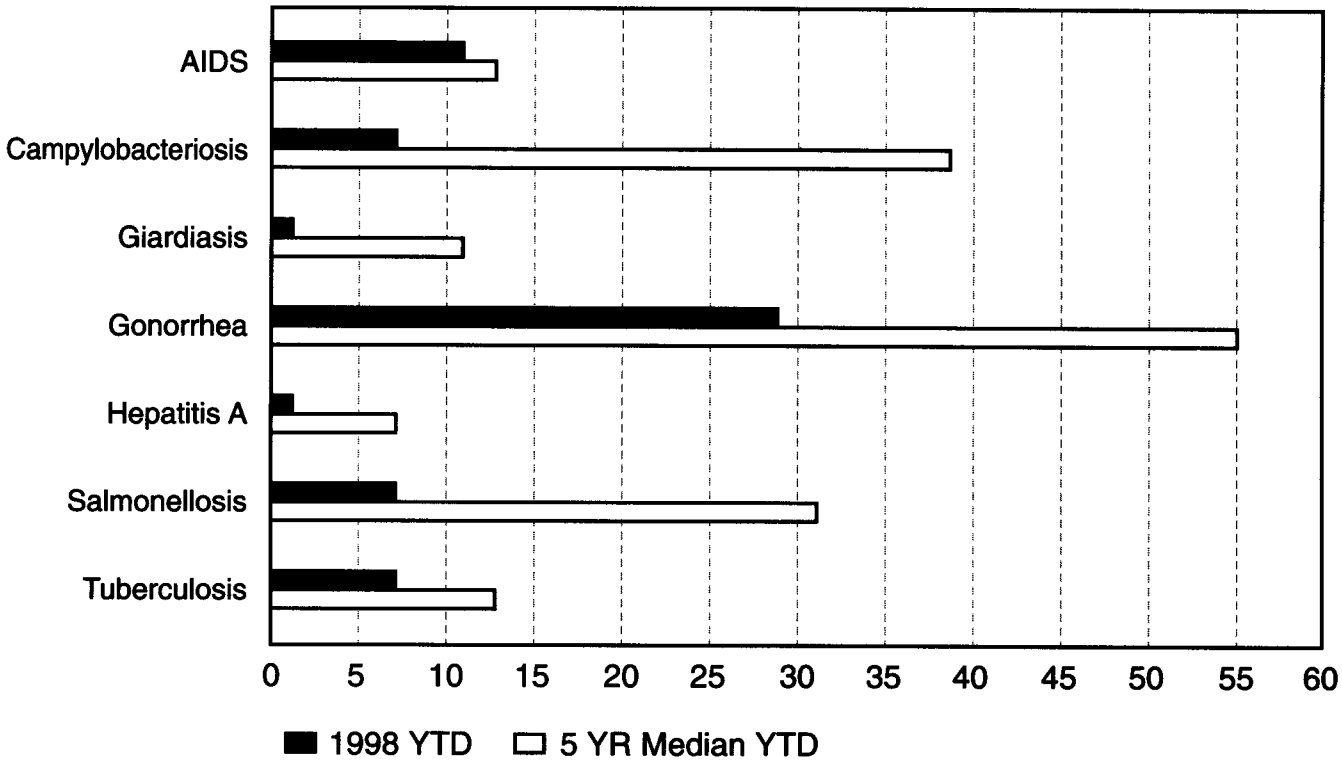
1997 Index of Articles

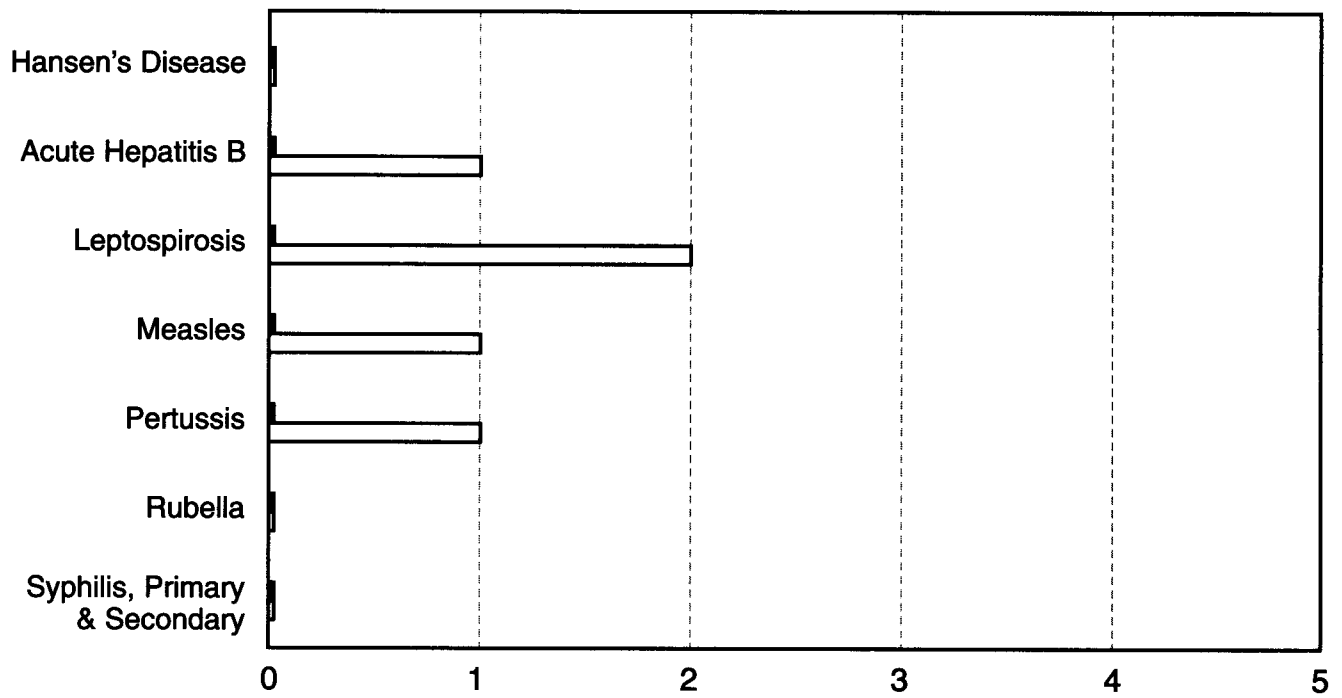
The following 42 articles/announcements were published in 1997 in the Communicable Disease Report. They are listed alphabetically by subject with the date of publication.

Articles

Communicable Disease Surveillance

Selected Diseases by Date of Report*
Hawai'i, 1998 Year-to-date Through January





*These data do not agree with tables using date of onset or date of diagnosis.